

**First contact:
improving his motivation**

The patient's journey begins when he presents himself at the center for an explanation of the rules. As a preliminary test of his motivation, he must come to Takiwasi freely and unaccompanied by family members, every day for eight days. He will then talk to a therapist and take his first purges (milk of magnesia with coconut milk). Raw vegetable oil is taken to provoke biliary flushing. This vesicular cleansing is combined with an enema the following

the takiwasi patient's journey

morning. This will prepare the first Yawar Panga, a detoxifying emetic plant which works on his energies and is administered within a ritual setting. This session is generally tiring (2-3 hours of vomiting) and is followed by a deep and revitalizing sleep. The patient notes an immediate improvement the following day, feeling cleansed and more clear-minded, encouraging him to persevere. The withdrawal symptoms are thus somewhat alleviated.

During this week, the cost of the treatment is discussed. The patient or his family is asked to contribute what they realistically can. The cost varies according to the center's running costs at the time. Really poor patients pay nothing at all for their treatment. Takiwasi has never refused any patient for lack of money. The most important element is the patient's motivation to stop taking drugs. Many initial contacts do not result in enrollment as after a few days, the drug addict does not return. If the future patient maintains his motivation and reports to the Center during one week, he is then admitted to follow the complete treatment as an inpatient.

Physical rehabilitation

The first two months of the treatment are basically dedicated to physically rehabilitating the patient. At the health center associated with Takiwasi, he receives a comprehensive medical examination including laboratory tests on blood, urine and faeces, HIV and hepatic tests and screening for intestinal parasites. During all his treatment, medical check-ups are subsequently made according to individual progress and always at the end of a patient's stay here. Even patients who arrive in the worst of states completely recover physically in 2 months. Most patients also require treatment for certain

"energy disorders." This involves taking Camalonga (*strychnos* sp.), a detoxifying seed containing strychnine, which is taken for ten days, combined with a no-sugar diet.

Numerous plants are used to treat the frequent infections that manifest during the recovery of the patient's normal eliminatory functions in the detoxification process. Modern medicine is sometimes employed in case of emergency, minor surgery, certain infections and dental requirements, but we don't use pharmaceutical psychotropics.

Isolation

The patient is first isolated in a separate bungalow for 8 to 15 days. He may leave the bungalow but is not permitted contact with the other patients. His food is brought to him. During this period his only activities will be reading and drawing. This phase of silence and solitude permits introspection and puts to the test his initial motivation while avoiding the risk of his bodily emanations (smelling of basic paste of cocaine) deterring the other patients. The Yawar panga session will be repeated two or three times on the first two weeks. With each new session the recovery process is accelerated. Throughout his stay, the patient may request another session with this plant if he feels the need. This purging with Yawar Panga, besides eliminating toxic drug residues and other contaminants, will help the body to assimilate the psychotropic plants used during the following sessions. Saunas with medicinal plants, massages, daily interviews with a therapist, a well-balanced diet, rest-periods and showers all complement these Yawar Panga sessions. The patient is told that, no matter what time of day or night, he can call a therapist if he is feeling bad. Any withdrawal or angst crises that arise are dealt with through work on the body's energies.

This isolation also avoids the risk of longer-term patients recounting to him their experiences with psychotropic plants, thus preventing him from forming his own conclusions during his first treatment with psychotropics.

The commitment

When the isolation period is over, the first and essential act of the new patient is to sign a written commitment to respect the rules of admittance. This pledge is made in front of all the members of the center and a statue of the Virgin representing the sacred nature of his promise. Takiwasi in no way requires the patient to follow a specific religion, such as Catholicism, but tries to open the patient to a true and personal spiritual search. This aim will be present during

the following months and is crucial to the treatment.

The commitment signed by the new patient summarizes the Takiwasi philosophy:

- The patient agrees not to leave the center without permission; if he does then this is considered to be a breach of contract and abandonment of his treatment and the patient will not be readmitted to the center. However, the center is open and there is no strict control over the patient. His stay is 100% voluntary and he must renew on a daily basis his motivation for being here.

- Violence is prohibited while verbal expression is encouraged.

- The patient must wait for the "green light" from the therapists that treatment is complete, the minimum time prescribed being 8 months (several patients stayed for over a year). There is no contact with family or friends for the first 3 months and afterwards depending upon the therapists' opinions.

Ayahuasca session

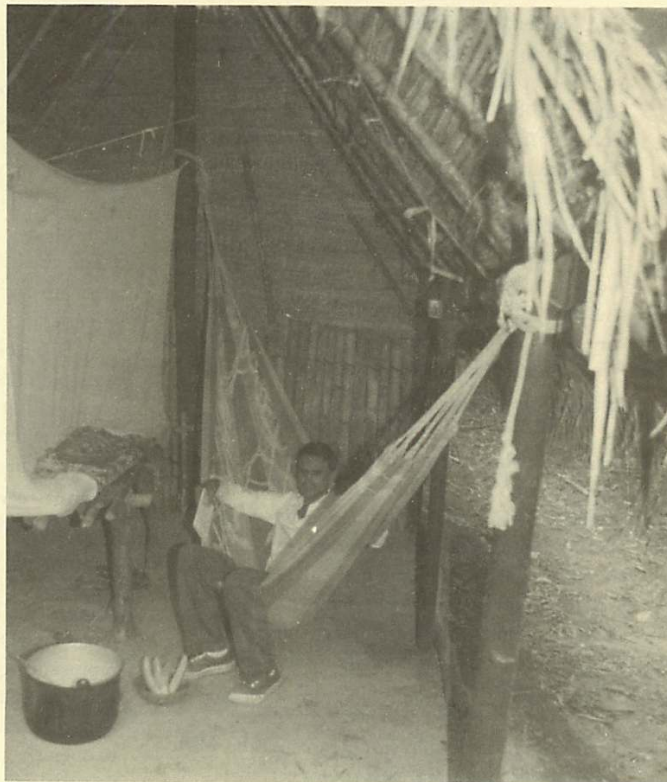
The isolation period ends with the first ayahuasca session.(1) After this, the new patient will join the rest of the patient group. These sessions are repeated once a week and bring to the surface various psychic elements (dreams,

fears, etc...) buried within the subconscious. They provide the crux of the therapy. These psychic elements revealed during the sessions will be worked upon later using group dynamics, personal interviews, drawing, etc... Ayahuasca can be compared to an accelerated self-psychanalysis where the patient understands and "sees" by himself his problems and the solutions to them and in this way accepts change more easily.

Everyday Life

The patient then rejoins the group and is incorporated in communal tasks. This means participating in early-morning exercises and in a practical area that interests him that is chosen from agriculture, animal husbandry, construction, handicrafts or cooking. All maintenance and meal preparation is carried out by the patients themselves. Patients may abstain from exercises or duties if they are not feeling well. Variety is provided by walks in the forest, birthdays and regular workshops given by therapists from outside the center (for example mask-making, storytelling, clown and mime workshops, theatrical dynamics etc.)

Through each patient's way of coping with everyday situations we get to observe many character traits, crises and conflicts to be worked



The diet: during 8 days, the patient is alone in a small rustic house
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on during therapy sessions. The patient is never alone and always has recourse to a therapist to sort out any serious crisis that arises. The response we propose is to find a way to communicate instead of bottling-up potentially explosive feelings.

Second Month

By the end of a patient's second month at the center his chances of completing the entire treatment are much more realistic. He is congratulated for having resisted the initial temptations to leave. He is considered to have attained his physical recovery, allowing him to concentrate on deepening his self-knowledge, exploring his identity and his most intimate self-motivations, although this self-awareness really began on Day 1.

The Diet

The diet is an ancestral technique of the Amazonian healers involving complete isolation in the forest in order to create the necessary conditions for ingesting especially subtle plant preparations.

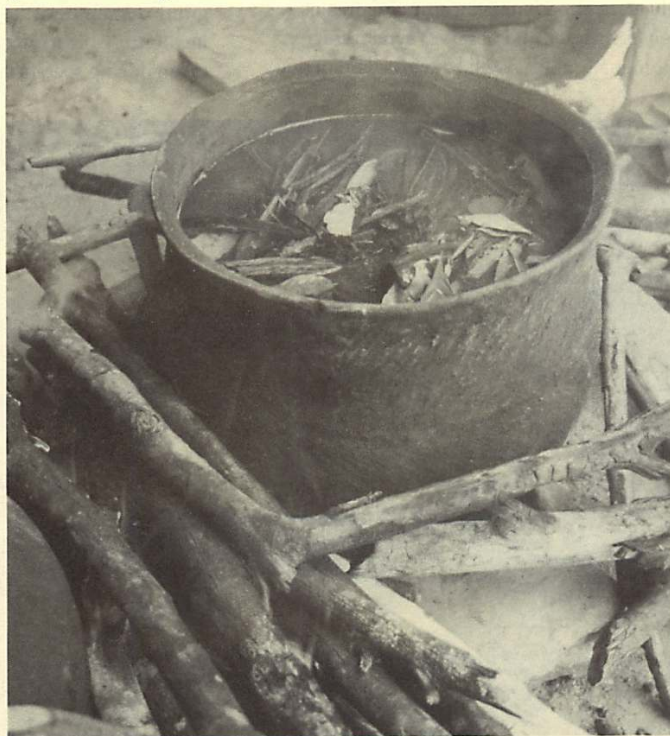
The patient remains alone in a hut, deprived of all distractions and with nothing to do except be there. Food is restricted and very basic. Every morning he drinks a preparation of purgatives and psychotropics which may cause vomiting

depending upon how he reacts to the diverse effects produced; drowsiness, "drunkenness," surges of emotion, vivid visions or, upon shutting his eyes, a resurgence of forgotten memories etc. In some way doors are opened allowing both the elimination of misplaced "energies" ingrained in his body (in the most general sense of the word) and access to his interior world. While asleep, powerful dreams make him conscious of elements buried in his psyche which will serve to guide him on his personal quest. His rapport with the natural world around him compensates for the isolation and lack of human contact.

During these eight days the patient follows strict rules designed to avoid any "energy disturbances," given the vulnerability produced by the combination of the plant preparation and the complete absence of salt in his diet. Besides complete sexual abstinence, he must avoid exposure to sunlight and contact with rain and fire. He must not bathe and must always bury his excrement.

The therapist responsible for the dieter(s) is always within earshot but leaves the patient alone. He brings the plant preparation in the morning and delivers the two daily meals, giving him a chance to make sure the patient is all right and to reassure him if necessary.

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Ayahuasca being cooked
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During its first three years in existence, Takiwasi has treated 141 patients.

This ancestral technique of modifying states of consciousness will be re-applied three times during the treatment (usually the 3rd, 5th and 7th month) and a fourth time if necessary.

A great variety of different plant preparations are employed, each one giving a different orientation to the diet. For example "sanango" generally induces memories of childhood traumas while "qilluhiqui" reinforces the "I" and self-identity. All this manifests on physical, mental and spiritual planes simultaneously.

The diet consists of eight days' complete isolation followed by 15 days of partial isolation at the center: the patient resumes a more varied diet but abstains from certain foods (spices, sugars, pork, coffee). He remains with his fellow dieters and resumes normal activities. Meanwhile he must avoid all contact with the sick persons, new patients still in the detoxification phase (since they give off a strong odor) and menstruating women (a recommendation based on the experience of every curandero, because during menses a woman's energetic system undergoes an upheaval). Avoiding stuffy, noisy atmospheres and deranged or disturbed persons is also recommended. Those recommendations are to avoid perturbations as the patient's sensitivity is highly developed in all aspects. The patient feels highly alert, experiences meaningful dreams, perceives insights and observes synchronicity phenomena... all this will be worked on in due

course. There are no ayahuasca sessions during the diet and the subsequent period of semi-isolation.

Other Therapeutic Techniques

There is a range of therapeutic techniques which are used in Takiwasi according to individual or group needs. These include the main shamanic techniques:

"Soplada": regulation of a patient's energies by blowing smoke or atomizing perfumes over certain energy points ("Chakras") on a patient's body.

"Ikarada": the use of sacred chants to "energize" the plant preparations, the ayahuasca, the perfumes used for the soplada, etc.

"Sahumerio": a cleansing of energies using the strong-smelling smoke of burning herbs, incense, etc.

Baths: in waterfalls, rapids or with plants, sometimes combined with massages, "cleansing": of bodily energies with the aid of an absorbent substance or object such as alum stone, eggs and special woods (palo chonta); etc.

The originality of the Takiwasi treatment is also to associate the use of plants and shamanistic techniques with modern therapies or other introspection techniques such as Holotropic breathing after the Stan Grof model, Bach flower essences, massage, saunas with medicinal plants, group dynamics, artistic and bodily expression, meditation, breathing exercises and other purges taken during specific lunar phases.



The Maloca, location of the therapy sessions
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The Patients

During its first three years in existence, Takiwasi has treated 141 patients. This number includes patients who received treatment for drug addiction (64%) and those who received treatment as outpatients for psychological problems and alcoholism (36%). Of the addicts, all but two were using basic paste of cocaine, sometimes mixed with alcohol and marijuana.

An average of 30% of initial contacts with the family or patient resulted in a treatment. This average may seem low but it should be noted that Takiwasi is an open center which uses non-coercive methods, believing that true motivation to cure oneself and will power are indispensable for treatment.

Practically all the patients have been Peruvians, preference being given to residents of this region. Until now, only two patients have come from other countries. Both were good Spanish speakers, a prerequisite for treatment at Takiwasi. In any case, it's essential for any prospective patient to contact us first and send us a written application. We cannot accept patients who simply turn up on the door step. The average age is between 20 and 30, with some adolescents admitted. So far all but two have been male. Only two women have been admitted for treatment because the female addict population is smaller than the male one. Also, women tend to be more embarrassed about coming out in public about their problem. Generally, here in Peru, they take drugs at home. Their experience of the treatment was the same as the men's but they did not complete the full treatment. Social backgrounds are very diverse, ranging from indigenous "campesinos" to well-travelled, university-educated intellectuals.

Almost all the patients are consumers of basic paste of cocaine (which is highly toxic and alienating), together with alcohol and marijuana. Often they have used other psychotropic substances (medications, LSD, cocaine, etc.) Most have been involved in minor, if not major crimes and have spent time in prison. On average they have been taking drugs for 10-15 years. Some patients show signs of serious physical deterioration: severe anemia (one patient had 4,6 gr. on arrival), hepatic deficiencies, edema of the legs, etc.

Results

It's usually agreed that five years' abstinence is the minimum necessary to know if someone is really free of drugs. That is why the evaluation realized during Takiwasi's first two and a half years is based on other criteria such as the

patient's evolution in relation to himself, his family and society.

Amongst the drug-addicted patients, 18% finished the treatment and stayed on average nine months (ranging from six to fourteen months). More than half of the patients left within the first three months against the advice of the therapists who can only try to convince them to stick with the treatment. Twenty five percent "escaped" within the first three weeks without trying to discuss their decision with the therapists. As the treatment is refined, the percentage of "escapes" has decreased significantly. The trial week with emetic plants has allowed a "natural selection" of the most highly motivated. Three patients were expelled for disruptive behavior.

Even though the majority have tried drugs again, usually for a short period or only once, this does not mean that regular consumption began again. Clearly those patients who "escaped" or were expelled run a high risk of re-addiction. Those who left the treatment before the end run a somewhat smaller risk. Those who finished the entire treatment have the best prospects of beginning a new life.

An interesting proof of faith in the treatment is that 75% of past patients have come back to Takiwasi as visitors to ask for advice or help when in difficult periods of their lives. Some have asked to take plant purges again. We note that those who finished the treatment have a much better perspective on life than those who left before the end. Relapses are basically due to fragility or the lack of faith in the patient's own healing, inability to react appropriately when confronted by frustration or anger and failure to integrate transcendence into their daily life. The treatment proposed by Takiwasi consists of a radical change of life-style and is for that reason a long and evolutionary process. Since Takiwasi is an Experimental and Research Center, the treatment can be refined and improved in the following years. But we consider that addiction is a consequence of the loss of values in society, a distortion of the relation between the man and his external and internal environment, and finally, as the loss of the sacred and the spiritual dimensions. •

1. See the description of an ayahuasca session in Dr. Jacques Mabit's article "L'hallucination par l'ayahuasca chez les guérisseurs de la Haute-Amazone Péruvienne," 1988, Bulletin de l'IFEA (English translation available in Takiwasi).

English translation by Jamie Moir

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